

Montana Medicaid  
2016 Access Monitoring Plan



## Montana Medicaid SFY 2016 Access Monitoring Review Plan

### Overview and Methodology

In accordance with 42 CFR 447.203, Montana developed an Access Monitoring Review Plan (AMRP) to assess Medicaid member access to medical services and determine if Montana's reimbursement rates are sufficient so medical providers will enroll and participate in Montana Medicaid. CMS instructed states to measure access to care for certain types of services. Montana conducted the assessment for the following services:

- Primary care
- Cardiology
- Dental
- Obstetrics
- Behavior health
- Home health

Montana opted to provide this first years information as a baseline, based in part because we are not reducing provider rates that may affect provider decisions of limiting Medicaid members seen or terminating participation from the program. The CAPHS survey data will be available to states August 22, 2016 and Montana will utilize this in future annual reports.

This report includes the geographic distribution of providers with average Medicaid enrollees, broken down by the providers included in this assessment, accessibility of Medicaid enrolled providers, comparisons of Montana Medicaid fee for service (FFS) rates to Medicare and another Medicaid state. We were not able to obtain private insurance rates due to those being considered proprietary. The department also reached out to two payers within Montana to obtain provider networks to compare with the Medicaid provider network and did not receive responses from either entity.

#### **Background:**

The Montana Department of Public Health and Human Services (DPHHS) administer the Montana Medicaid program and have an average enrollment of 144,623 Medicaid members. For state fiscal year (SFY) 2016, Medicaid reimbursed over \$1 billion to 14,526 providers who offered services to Medicaid members. Montana has three areas (Missoula, Great Falls and Billings) considered to be Metropolitan Statistical Areas. The remainder of the state is considered rural or frontier. Because of the rural nature of Montana, many people travel to neighboring counties or to bordering states for health care. If specialty services are not available in one of the designated metropolitan areas, Montana members travel to Washington, Utah or Colorado to obtain the needed medical services.

#### **Methodology:**

Montana DPHHS utilized the surveys available at this time to develop the AMRP, these being the Member Satisfaction Survey 2015 and the Healthy Montana Kids Plus CAHPS 5.0 Child Medicaid Summary Report – November 2015. Members enrolled in the Passport program were surveyed in August 2015 focusing on member access and quality of care. This survey was sent to 2,554 member with 399 (16 percent) returned. Montana pulled relevant data from the CAPHS survey that was completed for adults enrolled in Medicaid during October 2013 – December 2013 to include within this report to show access to medical care. This

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survey included 5,739 completed questionnaires which was approximately 23.6 percent response rate. The CAHPS Child Medicaid Survey was sent to 1,650 households during the period of September – November 2015. Complete interviews were obtained from 517 members with the response rate of 31.6 percent.

### Provider Reimbursement/Rate Analysis:

DPHHS selected a comparable neighboring state and chosen designated Medicare service lines for reimbursement analysis. We chose to use Wyoming Medicaid for our main rate comparison. Both Montana and Wyoming are considered rural states. Wyoming has two Metropolitan Statistical Areas, whereas, Montana has three. Montana has a higher population and a larger geographical area, but the populations per square mile are similar. According to the 2010 U.S. Census, Montana was 6.8 persons per square mile and Wyoming was 5.8 persons per square mile. Wyoming's Medicaid fee schedules were transparent and accessible for comparison. The payment methodologies in the two states are very similar.

DPHHS used SFY 2016 Medicaid FFS rates for the comparison. The top 20 Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for each provider type were queried. The top ten codes that were payable in both states were used for the comparison. The following table shows the rates of each provider type of Montana compared to the rates of Wyoming and Medicare. The top ten Chemical Dependency codes in Montana were not paid in Wyoming, so further comparison could not be done. FQHC fees could not be compared because the payment methodologies are different between the states and Medicare.

Provider Type	MT Compared to WY	MT Compared to Medicare
Psychologist	67%	N/A*
Dental	105%	N/A*
Physician	118%	103%
Chemical Dependency	N/A*	N/A*
Mid-Level	133%	109%
Licensed Professional Counselor	90%	N/A*
Psychiatrist	125%	115%

\*Services were not able to be compared with Wyoming or Medicare because there weren't similar codes as utilized by Montana Medicaid. These entities may use other codes or not cover these types of services.

Montana Medicaid rates as a percentage of Wyoming rates pay approximately 6 percent higher. Montana Medicaid rates range from 67 percent for psychologists to 133 percent for mid-level practitioners compared to Wyoming. For physicians, mid-levels, and psychiatrists the Montana Medicaid rates were approximately 9 percent higher than Medicare rates.

To determine Medicaid rates for home health services the top five revenue codes were used. For the Home Health Service type, Wyoming paid 12% higher than Montana Medicaid. Montana Medicaid payment methodology is different than Medicare, so a comparison was not made.

It has been determined that Montana Medicaid rates are comparable or somewhat higher than Wyoming rates. Montana Medicaid rates are higher than Medicare for primary care and psychiatric services. As long as providers are willing to accept publicly insured patients, Montana Medicaid rates don't appear to be an inhibiting factor to access. It is important to note that Montana does not differentiate reimbursement for

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services by geographic location or by provider specialty. However, Montana does enhance payments for selected services considered critical for members to receive.

### Overview of Findings:

Based on review of data available to Montana at time of this report, DPHHS feels that our reimbursement rates are sufficient to assure access to Medicaid members as they may be available to the general population. Our member hotline did not report complaints from members not being able to access needed services.

Montana Medicaid pays a travel benefit to ensure members access health benefits. A Call Center toll free service is available for members 24/7 to call in an appointment prior to going to ensure it meets the rules of the Medicaid program. Approval is on a case by case basis based on regular travel resources, closest provider and a mode of transportation that meets the needs of the member. Reimbursement is made following a post appointment check to verify the appointment was kept. Proof of utilization of the benefit is the \$3.1 million spent on personal transportation in SFY16 for Montana Medicaid members.

Montana did not have survey data available to compare access between Medicaid members and the general population for all the defined services within this report. However, we did utilize available Montana surveys that focused on access to primary care. Please note each survey had different questions/formats.

### Member Satisfaction Survey November 2015:

How long is it before you can get an appointment?	76% of the members could get an appointment within 7 days.
How long do you have to wait in the waiting room when you go to an appointment?	77% of the members got in to their appointment within 20 minutes.
Does your doctor spend enough time listening and explaining your concerns and treatment options?	87% of the members responded with usually or always.
In general, how satisfied are you with your Passport provider?	92% of the members responded satisfied or very satisfied.
In the past year, have you had any visits for preventative care?	76% responded Yes.

### CAPHS Adult Medicaid Survey 2014-2015:

In the last 6 months, how often did you get an appointment for routine care at a doctor's office as soon as you needed?	84% of the members responded they could always or usually get an appointment when needed.
In the last 6 months, did you make any appointments for routine care at a doctor's office or clinic?	70% of the members indicated that they had.
Using any number 0-10, 0 being worst and 10 is best, what number would you use to rate that specialist?	85% rated their specialists 7-10. 77% rated their specialists 8-10.
In the last 6 months, how often did you get an appointment to see a specialist as soon as you	81% of the members indicated they always or usually got the appointment when needed.

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needed?	
Do you have a personal doctor?	83% of the members responded Yes.
Using any number 0-10, 0 being worst and 10 is best, what number would you use to rate your personal doctor?	87% rated their personal doctors 8-10.
In the last 6 months, how often did you get an appointment for routine care at a doctor office or clinic as soon as you needed?	84% of the member responded they always or usually received appointments when needed.
In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	92% of the members responded their personal doctors always or usually explained things so they were easy to understand.
In the last 6 months, were you ever not able to get medical care, tests or treatments your or your doctor believed necessary?	81% of the members responded No.
In the last 6 months, how often was it easy to get the dental services you needed?	76% of the members responded always, usually or did not need services.
In the last 6 months, how often was it easy to get mental or behavioral health services you needed?	86% of the members responded always, usually or did not need services.

### CAPHS Child Medicaid Summary Survey November 2015:

Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and health plan. Response options for overall rating questions range from 0 (worst) to 10 (best). In the table below, ratings of 8, 9, or 10 are considered achievements and the achievement score is presented as the proportion of members whose response was an achievement.

Rating of all child's health care	83.7%
Rating of child's personal doctor	90.8%
Rating of specialist child saw most often	85.7%
Rating of child's health plan	81.8%

Composite scores were calculated for each of five domains of member experience as listed in the table below. Responses of "Yes", "A lot", "Usually" or "Always" are considered achievements for these composites.

Getting needed care	91.7%
Getting care quickly	91.7%
How well doctors communicate	95.4%
Customer service	91.8%
Shared decision making	86.5%

At this time, there are no surveys available to assess access to care for dental or home health. However, the member hotline has not identified any access issues for these services.

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### Ongoing Access Monitor Reporting:

The intent of Montana Medicaid is to utilize the Montana data within the CAHPS reports to conduct a more robust assessment of the access in Montana. CAHPS has been funded to conduct another adult survey for 2018. We will continue to monitor the current member hotline to respond to any access issues that may be reported. Montana will post the access monitoring plan for the public to access and comment 30 days prior to submitting to CMS.

Montana chose to report only on Montana based providers at this time, and may add out of state providers within 100 miles of the Montana border in future reporting years. Montana Medicaid members may choose to utilize the services of providers within 100 miles of the Montana border. This baseline report will be utilized annually to include trending related to changes in provider enrollment and utilization of services and expenditures in each area in the upcoming years.

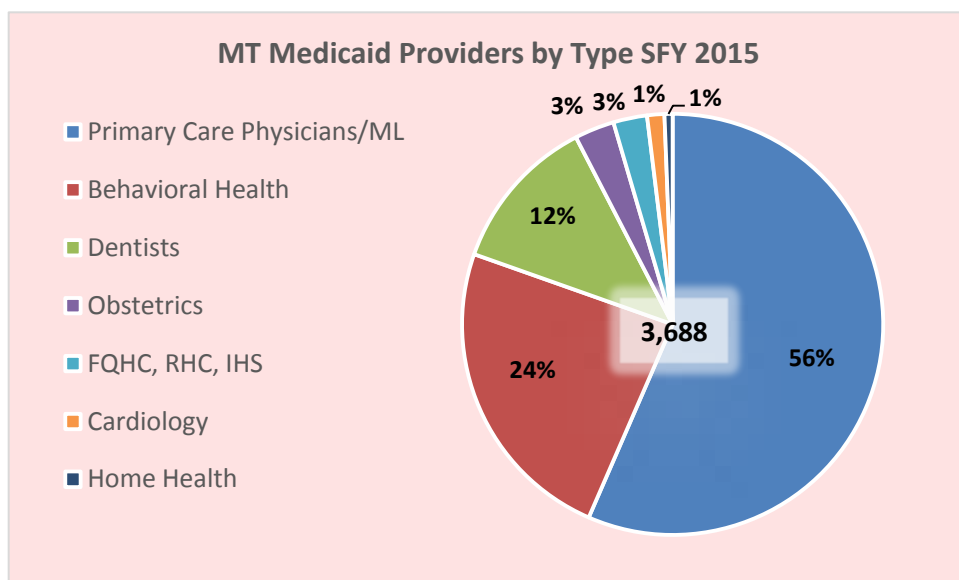
All claims data for State Fiscal Year (SFY) 2015 was pulled from the Medicaid database. Providers were then categorized into one of the seven groups listed above. Providers who did not fall into one of these seven groups were not included in the tables and maps that follow.

The table below with the accompanying pie chart summarizes the total number of providers in each group. It is important to note that there is some minor overlap between groups, and thus the unduplicated total is less than the sum of the individual groups. Please take note that only individual mental health providers are included in this report. A majority of behavior health services are provided as part of mental health center services, therapeutic group homes, day treatment, school based services, and are not reflected in the report.

<b>Medicaid Providers by Type - SFY 2015</b>	
<b>Provider Group</b>	<b>Unique Providers</b>
Primary Care Physicians/ML	2,092
Behavioral Health/Chem Dep	884
Dentists	444
Obstetrics	113
FQHC, RHC, IHS	96
Cardiology	49
Home Health	23
<b>Unduplicated Total</b>	<b>3,688</b>

Out of state providers not included.

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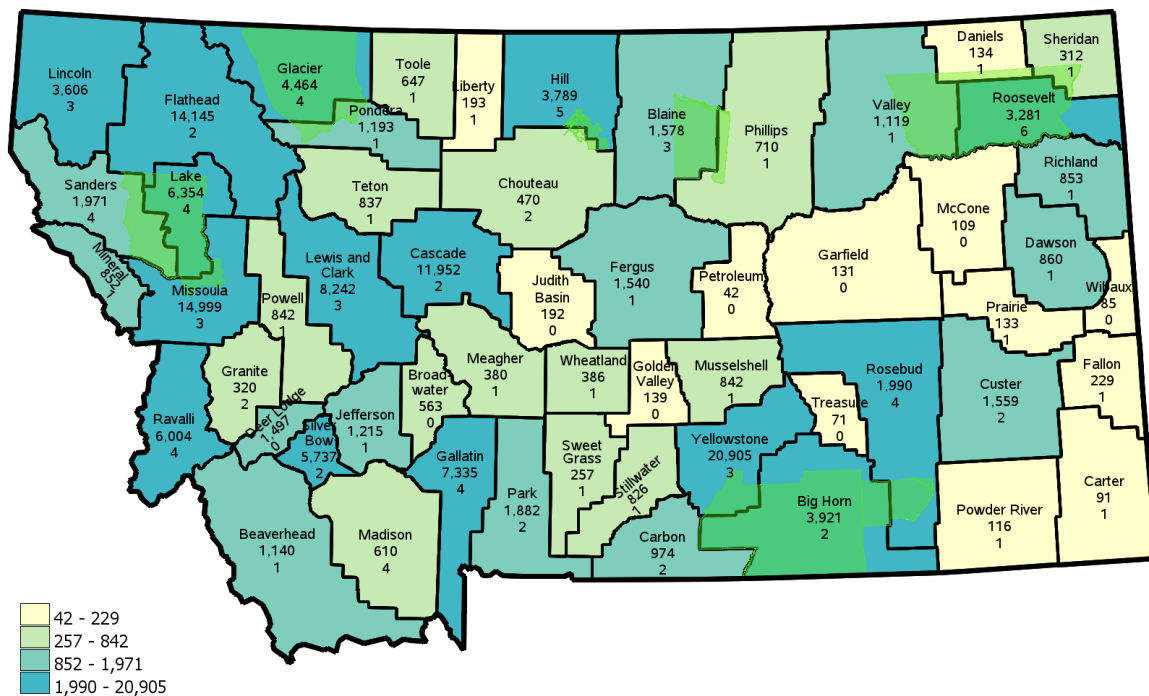
The following table shows the primary care/obstetric physicians and mid-level practitioners who are currently accepting new patients:

<b>General Practice</b>	<b>68</b>
<b>Family Practice</b>	370
<b>Gynecology</b>	9
<b>Internal Medicine</b>	131
<b>Obstetrics</b>	4
<b>Ob-Gyn</b>	17
<b>Pediatrics</b>	106
<b>Physician Assistant</b>	201
<b>Nurse Midwife</b>	20
<b>Nurse Practitioner</b>	247
<b>All Other Specialties</b>	23
	<b>1196</b>

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The next seven maps (one for each provider group) depict the geographic distribution of the providers across the state. The maps are shaded by county according to average monthly Medicaid enrollment.

### Geographic Distribution of FQHC/RHC and IHS SFY 2015



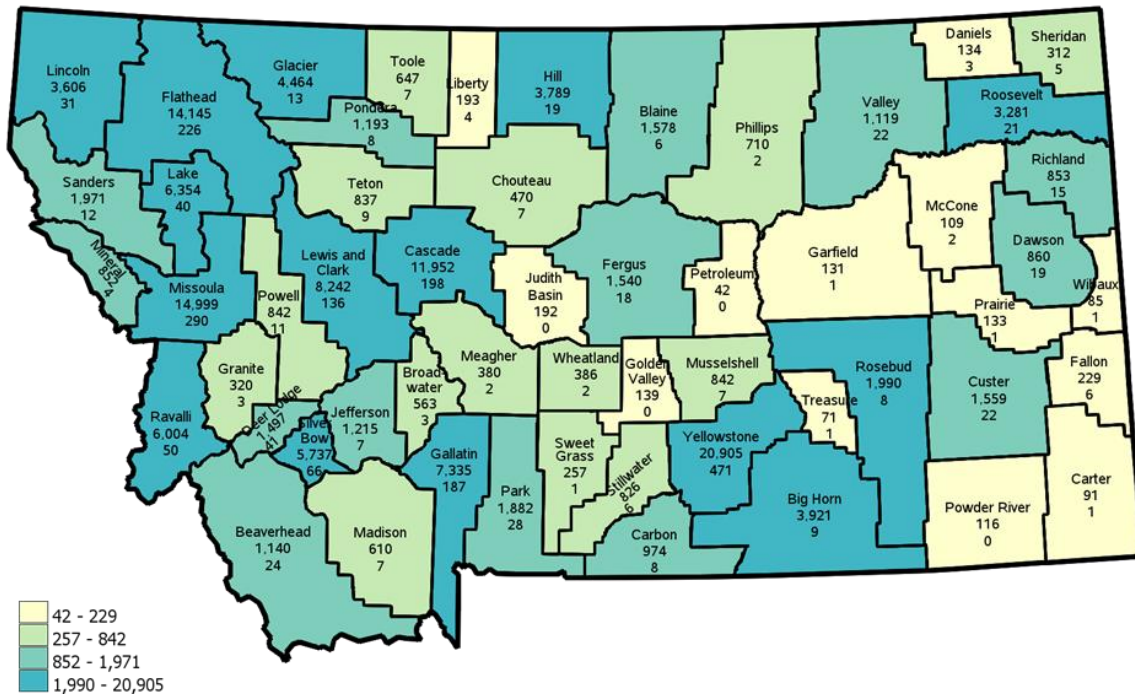
**1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: FQHC/RHC and IHS. In addition to primary care, dental and mental health services are provided by these clinics**

The table above depicts the location of reservations (areas in bright green) in Montana. These are mentioned because they represent a significant portion of Montana. In these areas most of the primary care population is served by Indian Health Services.



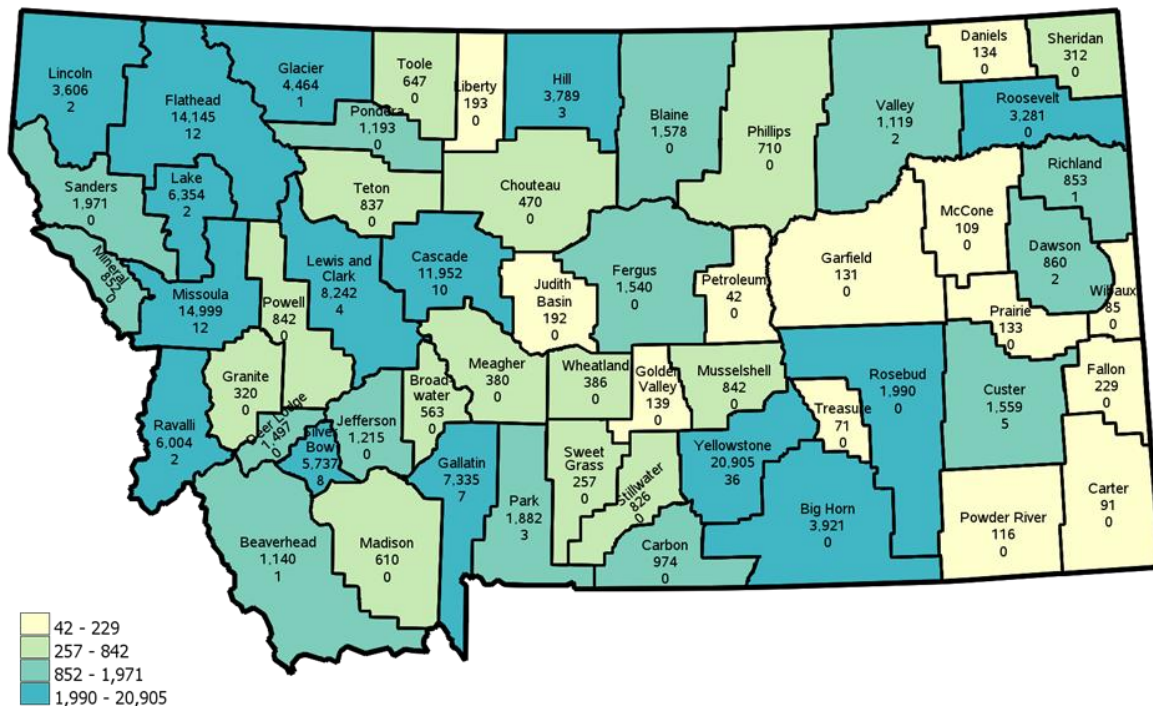
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### Geographic Distribution of Primary Care Physicians and Mid—Levels SFY 2015



1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: Primary Care physicians and mid-levels

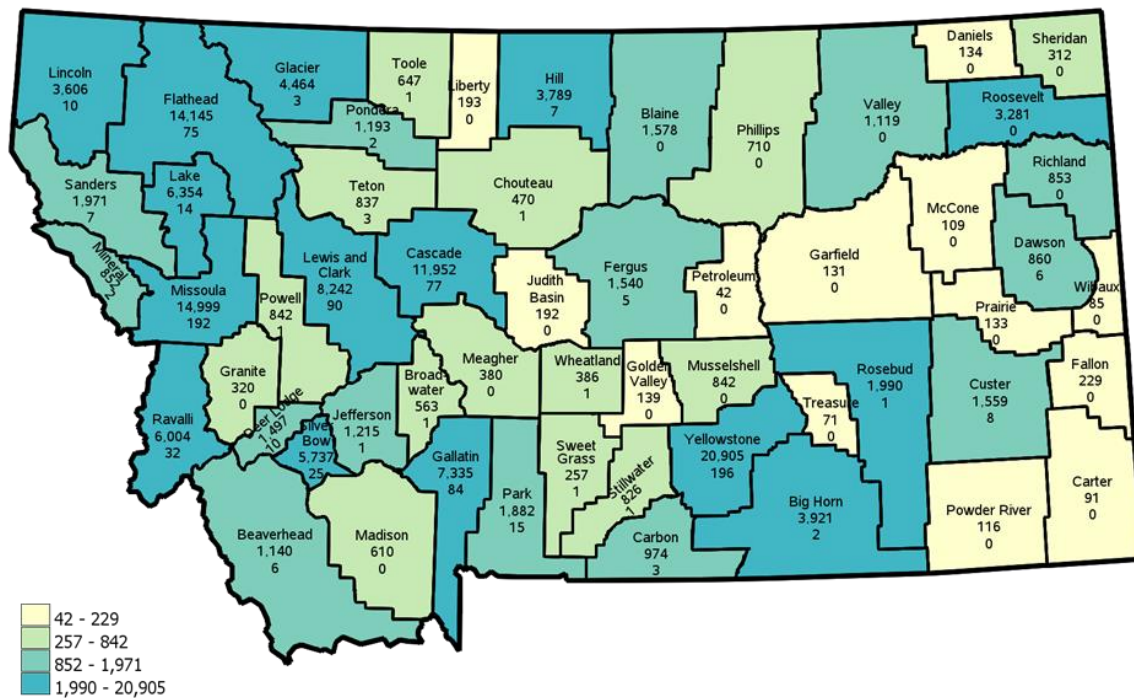
### Geographic Distribution of Obstetrical Physicians and Mid—Levels SFY 2015



1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: Obstetrical physicians and mid-levels

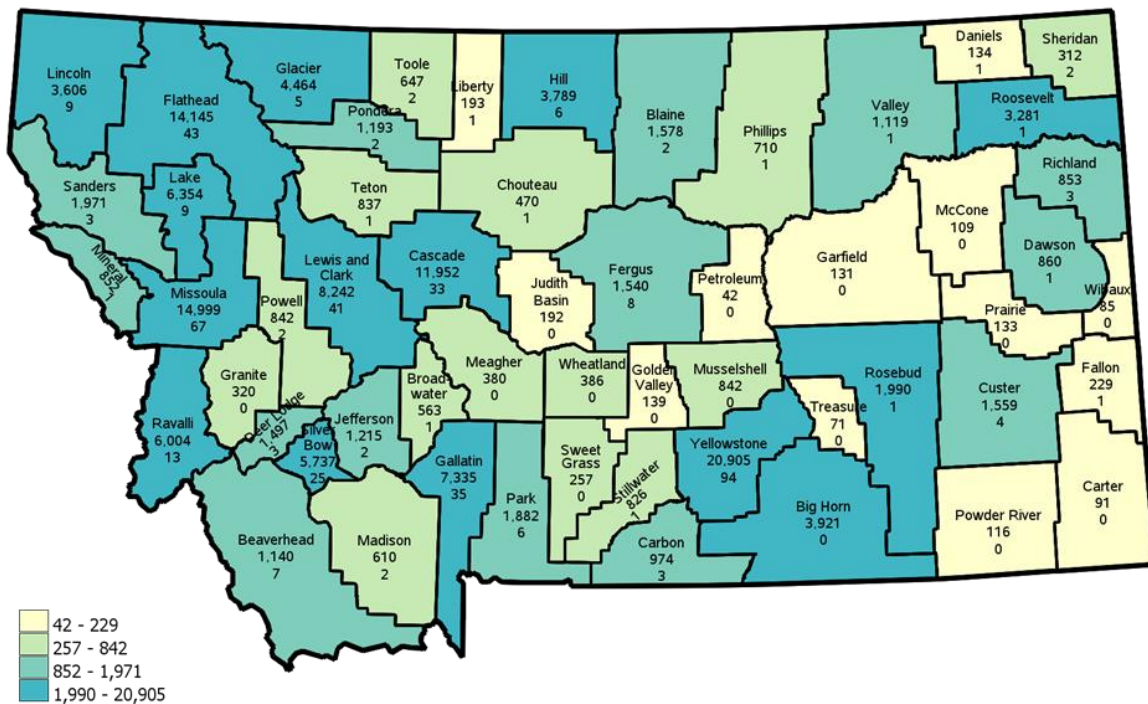
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### Geographic Distribution of Behavioral Health/Chem Dep SFY 2015



1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: Behavioral Health providers. Includes individual behavioral health providers and chemical dependency clinics

### Geographic Distribution of Dentists SFY 2015

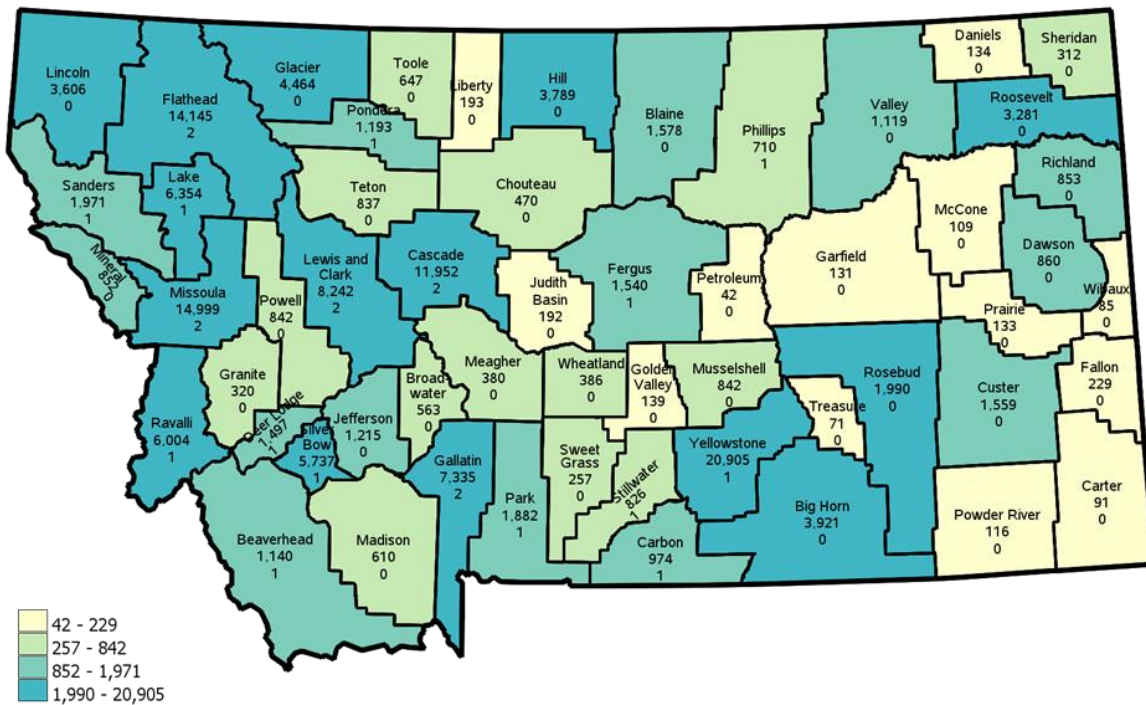


1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: Dentists



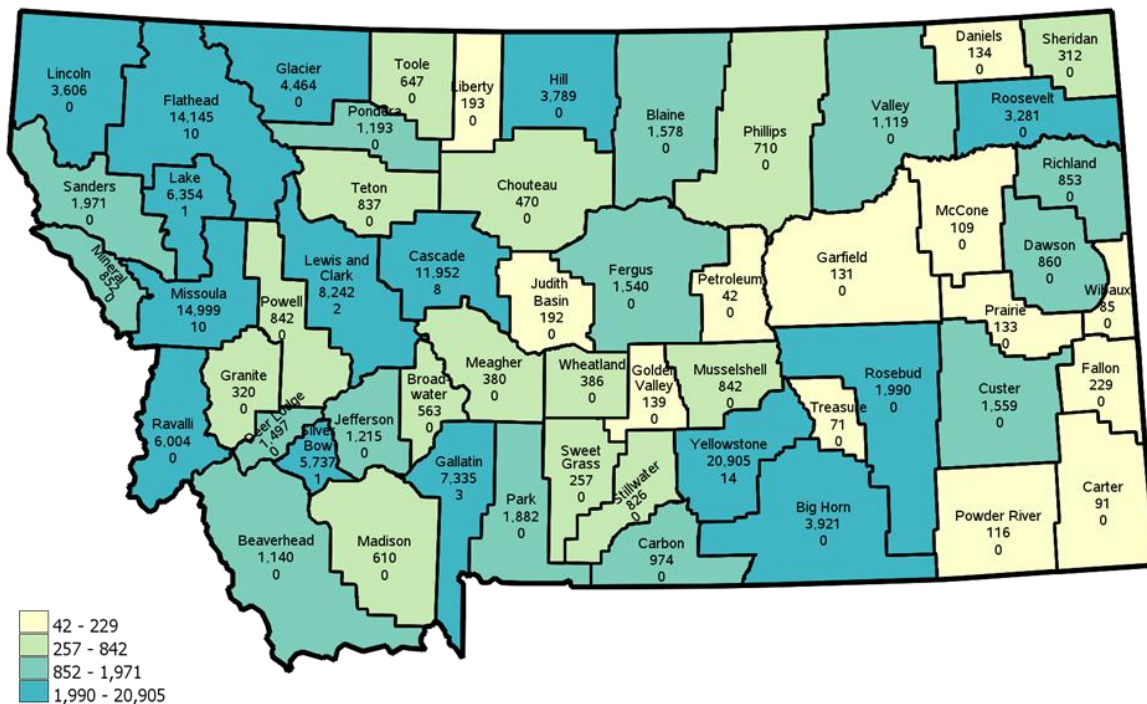
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### Geographic Distribution of Home Health SFY 2015



1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: Home Health providers

### Geographic Distribution of Cardiologists SFY 2015



1st line: County Label; 2nd line: Average monthly Medicaid enrollment; 3rd line: Cardiologists

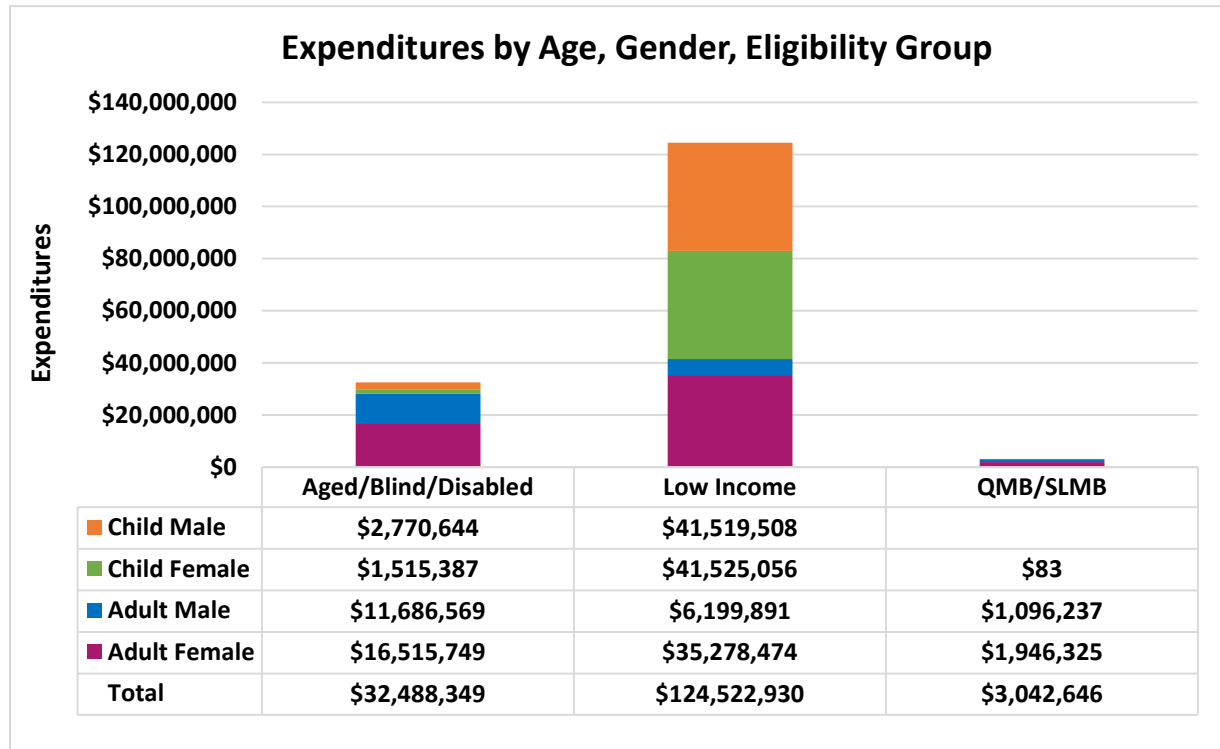
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The table below effectively combines the information for each of the seven provider group maps. It also includes a population estimate column for each county. Population figures were gathered from the U.S census website and are updated estimates as of 2014.

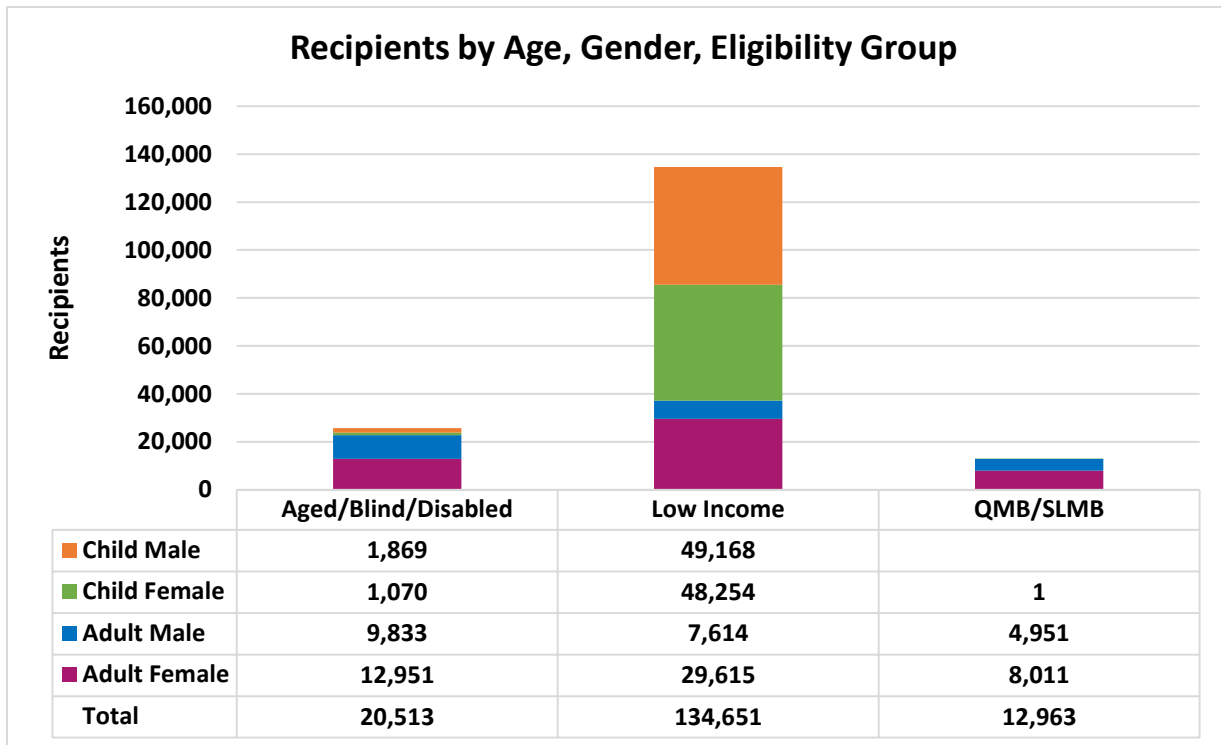
County	Population Estimate	Average Medicaid Enrollment	Primary Care Physicians/ ML	Obstetrics	Behavioral Health	Dentist	FQHC/RHC and IHS	Home Health	Cardiologists
BEAVERHEAD	9,345	1,140	24	1	6	7	1	1	0
BIG HORN	13,282	3,921	9	0	2	0	2	0	0
BLAINE	6,619	1,578	6	0	0	2	3	0	0
BROADWATER	5,667	563	3	0	1	1	0	0	0
CARBON	10,399	974	8	0	3	3	2	1	0
CARTER	1,169	91	1	0	0	0	1	0	0
CASCADE	82,344	11,952	198	10	77	33	2	2	8
CHOUTEAU	5,894	470	7	0	1	1	2	0	0
CUSTER	12,092	1,559	22	5	8	4	2	0	0
DANIELS	1,793	134	3	0	0	1	1	0	0
DAWSON	9,518	860	19	2	6	1	1	0	0
DEER LODGE	9,150	1,497	41	0	10	3	0	1	0
FALLON	3,108	229	6	0	0	1	1	0	0
FERGUS	11,442	1,540	18	0	5	8	1	1	0
FLATHEAD	94,924	14,145	226	12	75	43	2	2	10
GALLATIN	97,308	7,335	187	7	84	35	4	2	3
GARFIELD	1,309	131	1	0	0	0	0	0	0
GLACIER	13,696	4,464	13	1	3	5	4	0	0
GOLDEN VALLEY	852	139	0	0	0	0	0	0	0
GRANITE	3,209	320	3	0	0	0	2	0	0
HILL	16,596	3,789	19	3	7	6	5	0	0
JEFFERSON	11,558	1,215	7	0	1	2	1	0	0
JUDITH BASIN	1,991	192	0	0	0	0	0	0	0
LAKE	29,099	6,354	40	2	14	9	4	1	1
LEWIS AND CLARK	65,856	8,242	136	4	90	41	3	2	2
LIBERTY	2,359	193	4	0	0	1	1	0	0
LINCOLN	19,125	3,606	31	2	10	9	3	0	0
MADISON	7,820	610	7	0	0	2	4	0	0
MCCONE	1,694	109	2	0	0	0	0	0	0
MEAGHER	1,853	380	2	0	0	0	1	0	0
MINERAL	4,257	852	4	0	2	1	1	0	0
MISSOULA	112,684	14,999	290	12	192	67	3	2	10
MUSSELSHELL	4,589	842	7	0	0	0	1	0	0
PARK	15,880	1,882	28	3	15	6	2	1	0
PETROLEUM	485	42	0	0	0	0	0	0	0
PHILLIPS	4,192	710	2	0	0	1	1	1	0
PONDERA	6,219	1,193	8	0	2	2	1	1	0
POWDER RIVER	1,783	116	0	0	0	0	1	0	0
POWELL	6,909	842	11	0	1	2	1	0	0
PRAIRIE	1,148	133	1	0	0	0	1	0	0
RAVALLI	41,030	6,004	50	2	32	13	4	1	0
RICHLAND	11,576	853	15	1	0	3	1	0	0
ROOSEVELT	11,332	3,281	21	0	0	1	6	0	0
ROSEBUD	9,326	1,990	8	0	1	1	4	0	0
SANDERS	11,364	1,971	12	0	7	3	4	1	0
SHERIDAN	3,696	312	5	0	0	2	1	0	0
SILVER BOW	34,680	5,737	66	8	25	25	2	1	1
STILLWATER	9,290	826	6	0	1	1	1	1	0
SWEET GRASS	3,665	257	1	0	1	0	1	0	0
TETON	6,064	837	9	0	3	1	1	0	0
TOOLE	5,150	647	7	0	1	2	1	0	0
TREASURE	692	71	1	0	0	0	0	0	0
VALLEY	7,640	1,119	22	2	0	1	1	0	0
WHEATLAND	2,102	386	2	0	1	0	1	0	0
WIBAUX	1,121	85	1	0	0	0	0	0	0
YELLOWSTONE	155,634	20,905	471	36	196	94	3	1	14
Total	1,023,579	144,623	2,092	113	884	444	96	23	49

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The tables below breaks out claim reimbursement and recipients by age, gender, and member eligibility group. The deprivation code stamped on the individual claim was used to assign claims to the appropriate eligibility groups. Only claims from providers in one of the seven provider groups previously mentioned are included.



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Does not include out of state providers

The chart below summarizes the Montana Medicaid population and how that population has changed over time. The child population, for instance, has grown from approximately 47,000 in July 2009 to around 87,000 in June 2015, while the number of disabled children has remained constant over the same time period.

